

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF ILLINOIS

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	Maple Management, LLC d/b/a RAE Elevators & Lifts and d/b/a RAE Elevators, Inc.	
2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names		
3. Debtor's federal Employer Identification Number (EIN)	46-1097240	
4. Debtor's address	Principal place of business 245 W. Roosevelt Road Building 11 No. 77 West Chicago, IL 60185 Number, Street, City, State & ZIP Code DuPage County	Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code
5. Debtor's website (URL)	www.raelifts.com	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify:	

Debtor **Maple Management, LLC d/b/a RAE Elevators & Lifts and d/b/a RAE Elevators, Inc.**

Case number (if known)

Name

7. Describe debtor's business A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?*Check one:*

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor

**Maple Management, LLC d/b/a RAE Elevators & Lifts and
d/b/a RAE Elevators, Inc.**

Case number (if known)

Name

Debtor **Maple Management, LLC d/b/a RAE Elevators & Lifts and d/b/a RAE Elevators, Inc.**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other

Where is the property?

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency

Contact name

Phone

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49

☐ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☒ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☒ \$500,001 - \$1 million

☐ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

Debtor **Maple Management, LLC d/b/a RAE Elevators & Lifts and d/b/a RAE Elevators, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 17, 2021**
MM / DD / YYYY

X /s/ James Mecha

Signature of authorized representative of debtor

James Mecha

Printed name

Title **Manager**

18. Signature of attorney

X /s/ Ariel Weissberg

Signature of attorney for debtor

Date **February 17, 2021**

MM / DD / YYYY

Ariel Weissberg 03125591

Printed name

Weissberg and Associates, Ltd.

Firm name

401 S. LaSalle St.

Suite 403

Chicago, IL 60605

Number, Street, City, State & ZIP Code

Contact phone **312-663-0004**

Email address **ariel@weissberglaw.com**

03125591 IL

Bar number and State

Maple Management LLC dba RAE Elevators & Lifts**Profit & Loss**

January through December 2020

7:40 AM

02/15/21

Accrual Basis

	Jan - Dec 20
Ordinary Income/Expense	
Income	
Interest credit	10,903.00
Labor Costs	125.00
Miscellaneous Fee's	12,024.34
Property Rental/Real Estate	39,780.00
47900 · Sales	37,119.47
49900 · Uncategorized Income	3,530.00
Total Income	103,481.81
Cost of Goods Sold	
50000 · Cost of Goods Sold	100.00
Total COGS	100.00
Gross Profit	103,381.81
Expense	
Accounting Fee's	2,800.00
Bid fee	0.00
CASH Association Fee's Porte De	5,742.08
Customer Refund	0.00
Equipment Purchase	
Savaria - Parts orders	42,472.93
Equipment Purchase - Other	-389,697.64
Total Equipment Purchase	-347,224.71
Inspection Fee	2,055.00
Legal Expenses	75,565.46
License	1,333.75
Membership Fee's/Dues	-378.31
misc	5,924.36
Office Maintenance / Cleaning	9,229.01
Office/Warehouse Cleaning	1,230.00
Other Income	-4,482.50
Payroll Taxes	28,442.03
Refuge/Garbage collection	2,031.60
Repayment of loan/ Equity	42,755.00
Retail Sales Tax	-287.80
Security Services	204.59
Service/Repairs-Outside Company	13,275.26
Shipping Costs	-882.59
Union Benefit Contributions	72,238.26
60000 · Advertising and Promotion	4,305.79
60200 · Automobile Expense	44,151.49
60400 · Bank Service Charges	962.92
61700 · Computer and Internet Expenses	4,085.44
63300 · Insurance Expense	47,702.98
63400 · Interest Expense	109,918.29
64300 · Meals and Entertainment	1,244.31
64900 · Office Supplies	10,127.50
66000 · Payroll Expenses	105,050.78
66700 · Professional Fees	-35,717.17
66900 · Reconciliation Discrepancies	38,047.60
67100 · Rent Expense	111,202.69
67200 · Repairs and Maintenance	-10,654.72
68100 · Telephone Expense	7,012.17
68400 · Travel Expense	1,153.58
68600 · Utilities	15,821.51
Total Expense	363,985.65
Net Ordinary Income	-260,603.84

7:40 AM

Maple Management LLC dba RAE Elevators & Lifts

02/15/21

Profit & Loss

Accrual Basis

January through December 2020

	Jan - Dec 20
Other Income/Expense	
Other Income	
Reimbursed Loans	-19,200.00
Total Other Income	-19,200.00
Other Expense	
Customer Loyalty Discount	17,144.00
Permit Fee	3,803.60
Shipping Charges	9,430.67
80000 · Ask My Accountant	92,387.62
Total Other Expense	122,765.89
Net Other Income	-141,965.89
Net Income	-402,569.73

Maple Management LLC RAE Elevators & Lifts
Sales by Customer Summary
January through December 2020

7:40 AM
02/15/21
Accrual Basis

	Jan - Dec 20
	376.00
	2,901.14
	740.00
11900 Freeman LLC	41,320.00
2434 W. Division	500.00
Acorn Stairlifts	4,540.00
AGAE Contractors	354.08
Allen Residence	1,012.05
Alvarez Residence	2,550.00
Bodie Residence	4,460.00
Burling Builders	3,944.20
Butler University	500.00
Butynski Residence	1,900.00
Calvary Baptist Church	171,097.56
Casanovaacuna	1,691.45
Cheri Tanner	6,634.63
Chicago Stair Lift Company	350.00
Church of Christ	300.00
City Lights Church	5,000.00
David Management LLC	2,000.00
Degeratto Residence	910.00
DeJesus Residence	2,665.00
Dragan Goubovic	3,718.67
Family Shelter	1,912.50
Fisher Residence	2,425.00
Four Quarters	291.75
George Mason University	1,500.00
Gordon, S Residence	1,583.64
Govert Residence	2,155.10
Grainger Residence	50.00
Holy Angels School-Aurora	515.00
Incline Construction/Welding	45,985.00
Joe Rogowski	305.00
Judson University	935.00
K.R. Miller Contractors, Inc.	300.00
Korzeniewski Residence	455.00
Lake Forest Building	1,830.00
Lake Forest Building Account	20,714.00
Larson Middle School	300.00
Lashiver/Catherine Pate	3,620.00
Leasing & Management Company	354.40
Lisle Bible Church	209,099.00
Lopez, Michael & Brittini	2,569.23
Maple Services Inc.	300.00
MCC-Chicago	770.00
Millard Residence	175.00
Monaco Chicago	1,912.50
Mortenson	41,985.00
Munster Dental Center	350.00
North Carolina ATT	366.03
Otis Elevator	3,072.73
Pacific Holdings	55,457.15
Penecostal Church of God	22,985.00
Plymouth MWG	315.00
Porte De L'eau Condo Association	17,500.00
Read-Dunning School	6,110.00
Ridge Country Club	2,933.06
Science & Arts Academy	47,605.00
Scottdale Insurance Company	16,069.00
Shepard Care Homes	46,470.00
SMart Elevators	1,767.50
SpringHill Suites	70,471.46
St Benedicts Catholic Church	1,850.00
St Mathews Church	55,000.00
St. Pius Catholic Church	
Tanner Residence	
Walsh Construction Company II, LLC	

Maple Management LLC dba RAE Elevators & Lifts**Sales by Customer Summary**

January through December 2020

7:40 AM

02/15/21

Accrual Basis

	Jan - Dec 20
Wesmere Clubhouse	1,040.00
Woolf Distributing Co.	465.00
TOTAL	951,333.83

Maple Management LLC dba RAE Elevators & Lifts**Balance Sheet****As of December 31, 2020**

7:41 AM

02/15/21

Accrual Basis

	<u>Dec 31, 20</u>
ASSETS	
Current Assets	
Checking/Savings	12,160.52
Security Deposit account	-31,074.66
7002 · Maple/RAE Operating account	<u>-18,914.14</u>
Total Checking/Savings	
Accounts Receivable	237,934.08
11000 · Accounts Receivable	<u>237,934.08</u>
Total Accounts Receivable	
Other Current Assets	-100.00
12100 · Inventory Asset	<u>-100.00</u>
Total Other Current Assets	<u>-100.00</u>
Total Current Assets	218,919.94
Other Assets	
Association Fee's Cash Payments	597.09
Total Other Assets	<u>597.09</u>
TOTAL ASSETS	<u><u>219,517.03</u></u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Credit Cards	-1,900.00
Maple Debit Card	<u>-1,900.00</u>
Total Credit Cards	
Other Current Liabilities	43,527.24
Loan Out	<u>43,527.24</u>
Total Other Current Liabilities	<u>43,527.24</u>
Total Current Liabilities	41,627.24
Long Term Liabilities	
Bank Loan	349,214.23
Loan James Mecha	<u>198,029.78</u>
Total Long Term Liabilities	<u>547,244.01</u>
Total Liabilities	588,871.25
Equity	
30000 · Opening Balance Equity	2,388.45
32000 · Retained Earnings	30,827.06
Net Income	<u>-402,569.73</u>
Total Equity	<u>-369,354.22</u>
TOTAL LIABILITIES & EQUITY	<u><u>219,517.03</u></u>

Form **1120**
Department of the Treasury
Internal Revenue Service**U.S. Corporation Income Tax Return**

For calendar year 2019 or tax year beginning _____, 2019, ending _____, 20 _____

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.**2019****A Check if:**

- 1a** Consolidated return (attach Form 851) ☐
- b** Life/nonlife consolidated return ☐
- 2** Personal holding co. (attach Sch. PH) ☐
- 3** Personal service corp. (see instructions) ☐
- 4** Schedule M-3 attached ☐

**TYPE
OR
PRINT**

Name

RAE Lifts, Inc.

Number, street, and room or suite no. If a P.O. box, see instructions.

245 West Roosevelt Road, Bldg. 11, Suite 77

City or town, state or province, country, and ZIP or foreign postal code

West Chicago

IL 60185

B Employer identification number**C Date incorporated**

01/01/2015

D Total assets (see instructions)

\$ 310,453

E Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☒ Name change (4) ☐ Address change

Income	1a Gross receipts or sales	1a	1,143,729	
	b Returns and allowances	1b	5,464	
	c Balance. Subtract line 1b from line 1a	1c		1,138,265
	2 Cost of goods sold (attach Form 1125-A)	2		499,403
	3 Gross profit. Subtract line 2 from line 1c	3		638,862
	4 Dividends and inclusions (Schedule C, line 23)	4		
	5 Interest	5		
	6 Gross rents	6		
	7 Gross royalties	7		
	8 Capital gain net income (attach Schedule D (Form 1120))	8		
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		
10 Other income (see instructions—attach statement) Other Income Statement	10		59,492	
11 Total income. Add lines 3 through 10	11		698,354	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions—attach Form 1125-E)	12		110,323
	13 Salaries and wages (less employment credits)	13		112,853
	14 Repairs and maintenance	14		21,674
	15 Bad debts	15		
	16 Rents	16		56,264
	17 Taxes and licenses	17		17,643
	18 Interest (see instructions)	18		28,755
	19 Charitable contributions	19		
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		0
	21 Depletion	21		
	22 Advertising	22		18,231
	23 Pension, profit-sharing, etc., plans	23		101,812
	24 Employee benefit programs	24		
	25 Reserved for future use	25		
	26 Other deductions (attach statement) Other Deductions Statement	26		227,709
	27 Total deductions. Add lines 12 through 26	27		695,264
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.	28		3,090
29a Net operating loss deduction (see instructions)	29a		3,090	
b Special deductions (Schedule C, line 24)	29b			
c Add lines 29a and 29b	29c		3,090	
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28. See instructions	30		0
	31 Total tax (Schedule J, Part I, line 11)	31		0
	32 2019 net 965 tax liability paid (Schedule J, Part II, line 12)	32		
	33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23)	33		0
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34		
	35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed	35		
	36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid	36		0
37 Enter amount from line 36 you want: Credited to 2020 estimated tax ▶ Refunded ▶	37			

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

President

Title

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Geoff Schlender

Preparer's signature

Date

02/10/2021

Check ☐ if self-employed

PTIN

Firm's name ▶ Lyday & Associates, Ltd.

Firm's EIN ▶

Firm's address ▶ 3180 Theodore Street Joliet IL 60435

Phone no. (815) 439-2500

For Paperwork Reduction Act Notice, see separate instructions. REV 06/30/20 PRO

Form **1120** (2019)

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)		(a) Dividends and inclusions	(b) %	(c) Special deductions (a) × (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations . .		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities . . .		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Subtotal. Add lines 1 through 8. See instructions for limitations		see instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Section 965(a) inclusion		see instructions	
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c	Other inclusions from CFCs under subpart F not included on line 15, 16a, 16b, or 17 (attach Form(s) 5471) (see instructions).			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992) . .			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24	Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)**Part I—Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions ► <input type="checkbox"/>		
2	Income tax. See instructions	2	0
3	Base erosion minimum tax amount (attach Form 8991)	3	
4	Add lines 2 and 3	4	0
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method—completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method—income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions—attach statement)	9f	
10	Total. Add lines 9a through 9f	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	0

Part II—Section 965 Payments (see instructions)

12	2019 net 965 tax liability paid from Form 965-B, Part II, column (k), line 3. Enter here and on page 1, line 32	12	
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Part III—Payments, Refundable Credits, and Section 965 Net Tax Liability

13	2018 overpayment credited to 2019	13	
14	2019 estimated tax payments	14	
15	2019 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	
17	Tax deposited with Form 7004	17	0
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18	19	0
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Form 8827, line 5c	20c	
d	Other (attach statement—see instructions)	20d	
21	Total credits. Add lines 20a through 20d	21	
22	2019 net 965 tax liability from Form 965-B, Part I, column (d), line 3. See instructions	22	
23	Total payments, credits, and section 965 net tax liability. Add lines 19, 21, and 22. Enter here and on page 1, line 33	23	0

Schedule K Other Information (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ XXXXXXXXXX		
b	Business activity ▶ <u>Sales</u>		
c	Product or service ▶ <u>Medical Lifts</u>		
3	Is the corporation a subsidiary in an affiliated group or a parent–subsidiary controlled group? If “Yes,” enter name and EIN of the parent corporation ▶ _____		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation’s stock entitled to vote? If “Yes,” complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation’s stock entitled to vote? If “Yes,” complete Part II of Schedule G (Form 1120) (attach Schedule G)		X
5	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions. If “Yes,” complete (i) through (iv) below.		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b	Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If “Yes,” complete (i) through (iv) below.		X
----------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation’s current and accumulated earnings and profits? See sections 301 and 316 If “Yes,” file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		X
7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation’s stock entitled to vote or at least 25% of the total value of all classes of the corporation’s stock? For rules of attribution, see section 318. If “Yes,” enter: (a) Percentage owned ▶ _____ and (b) Owner’s country ▶ _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ _____		X
8	Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
9	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		
10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ _____		
11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) ▶ <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12	Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) ▶ \$ <u>3,193.</u>		

Schedule K **Other Information** (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?		X
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ► \$ _____		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		X
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments in 2019 that would require it to file Form(s) 1099?	X	
b If "Yes," did or will the corporation file required Form(s) 1099?	X	
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?	X	
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20 Is the corporation operating on a cooperative basis?		X
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions ► \$ _____		
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3))		X
If "Yes," complete and attach Form 8991.		
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the corporation satisfy one or more of the following? See instructions		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," to any, complete and attach Form 8990.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter amount from Form 8996, line 14 ► \$ _____		

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		12,561.		112,028.
2a	Trade notes and accounts receivable	153,416.		198,425.	
b	Less allowance for bad debts	()	153,416.	()	198,425.
3	Inventories		0.		0.
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation	()		()	
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		165,977.		310,453.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year		132,469.		138,618.
18	Other current liabilities (attach statement)				
19	Loans from shareholders		35,023.		170,260.
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings—Appropriated (attach statement)				
25	Retained earnings—Unappropriated		-1,515.		1,575.
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		165,977.		310,453.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	3,090.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books			Tax-exempt interest \$ _____	
3	Excess of capital losses over capital gains			_____	
4	Income subject to tax not recorded on books this year (itemize): _____		8	Deductions on this return not charged against book income this year (itemize):	
5	Expenses recorded on books this year not deducted on this return (itemize):			a Depreciation . . . \$ _____	
a	Depreciation \$ _____			b Charitable contributions \$ _____	
b	Charitable contributions . . . \$ _____			_____	
c	Travel and entertainment . . . \$ _____		9	Add lines 7 and 8	
6	Add lines 1 through 5	3,090.	10	Income (page 1, line 28)—line 6 less line 9	3,090.

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	-1,515.	5	Distributions: a Cash	
2	Net income (loss) per books	3,090.		b Stock	
3	Other increases (itemize): _____			c Property	
	_____		6	Other decreases (itemize): _____	
	_____		7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	1,575.	8	Balance at end of year (line 4 less line 7)	1,575.

Form **1125-A****Cost of Goods Sold**(Rev. November 2018)
Department of the Treasury
Internal Revenue Service▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**
▶ **Go to www.irs.gov/Form1125A for the latest information.**

OMB No. 1545-0123

Name RAE Lifts, Inc.		Employer identification number [REDACTED]	
1	Inventory at beginning of year	1	0
2	Purchases	2	462,854
3	Cost of labor	3	
4	Additional section 263A costs (attach schedule)	4	
5	Other costs (attach schedule) See Statement	5	36,549
6	Total. Add lines 1 through 5	6	499,403
7	Inventory at end of year	7	0
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions	8	499,403

9a Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ▶

b Check if there was a writedown of subnormal goods ▶ ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ▶ ☐

d If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO **9d**

e If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions . . . ☐ Yes ☒ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

Section references are to the Internal Revenue Code unless otherwise noted.

What's New**Small business taxpayers.** For tax years beginning after December 31, 2017, the following apply.

- A small business taxpayer (defined below), may use a method of accounting for inventories that either: (1) treats inventories as nonincidental materials and supplies, or (2) conforms to the taxpayer's financial accounting treatment of inventories.
- A small business taxpayer is not required to capitalize costs under section 263A.

General Instructions**Purpose of Form**

Use Form 1125-A to calculate and deduct cost of goods sold for certain entities.

Who Must File

Filers of Form 1120, 1120-C, 1120-F, 1120S, or 1065, must complete and attach Form 1125-A if the applicable entity reports a deduction for cost of goods sold.

Inventories

Generally, inventories are required at the beginning and end of each tax year if the production, purchase, or sale of

merchandise is an income-producing factor. See Regulations section 1.471-1. If inventories are required, you generally must use an accrual method of accounting for sales and purchases of inventory items.

Exception for certain taxpayers. A small business taxpayer (defined below), can adopt or change its accounting method to account for inventories in the same manner as material and supplies that are non-incidental, or conform to its treatment of inventories in an applicable financial statement (as defined in section 451(b)(3)), or if it does not have an applicable financial statement, the method of accounting used in its books and records prepared in accordance with its accounting procedures. See section 471(c)(3).

A small business taxpayer claiming exemption from the requirement to keep inventories is changing its method of accounting for purposes of section 481. For additional guidance on this method of accounting, see Pub. 538, Accounting Periods and Methods. For guidance on changing to this method of accounting, see Form 3115 and the Instructions for Form 3115.

Small business taxpayer. A small business taxpayer is a taxpayer that (a) has average annual gross receipts of \$25 million or less (indexed for inflation) for the 3 prior tax years, and (b) is not a tax shelter (as defined in section 448(d)(3)). See Pub. 538.**Uniform capitalization rules.** The uniform capitalization rules of section 263A generally require you to capitalize, or include in inventory, certain costs incurred in connection with the following.

- The production of real property and tangible personal property held in inventory or held for sale in the ordinary course of business.
- Real property or personal property (tangible and intangible) acquired for resale.
- The production of real property and tangible personal property for use in its trade or business or in an activity engaged in for profit.

A small business taxpayer (defined above) is not required to capitalize costs under section 263A. See section 263A(i).

See the discussion on section 263A uniform capitalization rules in the instructions for your tax return before completing Form 1125-A. Also see Regulations sections 1.263A-1 through 1.263A-3. See Regulations section 1.263A-4 for rules for property produced in a farming business.

Department of the Treasury
Internal Revenue Service

2019

Name of corporation

Employer identification number

RAE LIFTS, INC.

1	Total income (Form 1120, line 11)	1	698,354.
2	Taxable income (Form 1120, line 30)	2	0.
3	Total tax (Form 1120, line 31)	3	0.
4	Amount owed (Form 1120, line 35)	4	
5	Overpayment (Form 1120, line 36)	5	0.

Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

OMB No. 1545-0172

2019Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

RAE Lifts, Inc.

Business or activity to which this form relates

Form 1120 Sales

Identifying number

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,020,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,550,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 ▶	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2019	17	0.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	0.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Section 1.263(a)-1(f)

► Attach to your income tax return

Name(s) Shown on Return

RAE Lifts, Inc.

Identification Number

Tax Year: 2019

Section 1.263(a)-1(f)
De Minimis Safe Harbor Election

The taxpayer elects to make the de minimis safe harbor election under the Regulation 1.263(a)-1(f)

Name:

RAE Lifts, Inc.

Address:

245 West Roosevelt Road, Bldg. 11, Suite 77 , West Chicago IL 60185

Identification Number:

46-1097240

Form 1120, Line 29a

Net Operating Loss Worksheet

2019

Name RAE Lifts, Inc.	Employer Identification Number [REDACTED]
-------------------------	----------------------------------------------

Important Information
Tax Cuts and Jobs Act (TCJA)

For taxable years ending after December 31, 2017, Net Operating Loss (NOL) rules for carrybacks and carryforwards have changed under the Tax Cuts and Jobs Act (TCJA). Except for certain farming and insurance company (other than life insurance) losses, NOLs can no longer be carried back. NOLs can now be carried forward indefinitely.

Important Information
Coronavirus Aid, Relief, and Economic Security (CARES) Act

For taxable years ending after December 31, 2017, Net Operating Loss (NOL) rules for carrybacks have changed under the Coronavirus Aid, Relief, and Economic Security (CARES) Act. NOLs can now be carried back 5 years.

NOL's under Tax Cuts and Jobs Act of 2017 Smart Worksheet

- A** Is the Net Operating Loss from certain farming losses? ▶ Yes ☐ No ☐
- B** If "Yes" to line A, is the business electing out of the two year carryback? ▶ Yes ☐ No ☐
- QuickZoom** to Form 1139 ▶ _____

NOL's under Coronavirus Aid, Relief, and Economic Security Act of 2020 Smart Worksheet

- A** Is the business electing out of the five year carryback for a current year NOL? . . . ▶ Yes ☐ No ☐
- QuickZoom** to Election Statement ▶ _____
- QuickZoom** to Form 1139 ▶ _____

NOL's under Tax Cuts and Jobs Act of 2017 : Carryover indefinitely

NOL's under Coronavirus Aid, Relief, and Economic Security Act of 2020 : Carryover indefinitely

NOL Carryover Year	A Carryover	B Less Carrybacks	C Adjusted Carryover
2018	3,193.		3,193.

NOL's under Taxpayer Relief Act of 1997 : Two year carryback, twenty year carryover

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2017			
2016			
2015			
2014			
2013			
2012			
2011			
2010			
2009			
2008			
2007			
2006			
2005			
2004			
2003			
2002			
2001			
2000			
1999			
Totals			

NOL's prior to Taxpayer Relief Act of 1997: Three year carryback, fifteen year carryover

NOL Carryover Year	A Carryover	B Less Carrybacks/ Carryovers	C Adjusted Carryover
2011			
2010			
2009			
2008			
2007			
2006			
2005			
2004			
Totals			

RAE Lifts, Inc.

Net Operating Loss Summary

NOL C/O Year	A NOL Carryover Available	B Deduction Allowed in Current Year	C Adjustment Under Section 172(b)(2)	D Remaining Carryover 20 Years	E Remaining Carryover Indefinite	F Remaining Carryover 15 Years*
2018 .	3,193.	3,090.			103.	
2017 .						
2016 .						
2015 .						
2014 .						
2013 .						
2012 .						
2011 .						
2010 .						
2009 .						
2008 .						
2007 .						
2006 .						
2005 .						
2004 .						
2003 .						
2002 .						
2001 .						
2000 .						
1999 .						
Totals	3,193.	3,090.			103.	

Less: Carryover expiring due to 20-year limitation	
Less: Carryover expiring due to 15-year limitation	
Add: Current year net operating loss	
Less: Carryback of current year net operating loss	
Net operating loss carryover to next year	103.

RAE Lifts, Inc.

1

Additional information from your 2019 Federal Corporation Tax Return**Form 1120: US Corporation Income Tax Return****Other Income****Continuation Statement**

Description	Amount
Other Income	59,492
Total	59,492

Form 1120: US Corporation Income Tax Return**Other Deductions****Continuation Statement**

Description	Amount
Accounting	6,350
Automobile and truck expense	41,501
Bank charges	2,565
Cleaning	5,190
Computer services and supplies	4,093
Dues and subscriptions	2,598
Gifts	100
Insurance	41,517
Legal and professional	72,488
Office expense	13,938
Permits and fees	3,551
Security	1,603
Telephone	7,839
Utilities	11,618
Other Promotional Expense	11,167
Scavenger	1,591
Total	227,709

SMART WORKSHEET FOR: Form 1120: US Corporation Income Tax Return**Line 17C****Itemization Statement**

Description	Amount
FICA	17,073.
FUTA	263.
SUTA	307.
Total	17,643.

Form 1125-A: Cost of Goods Sold**Other Costs Statement****Continuation Statement**

Other Cost	Other Amount
Commissions	30,024
Inspection Fee	1,980
Permits	1,933

RAE Lifts, Inc.

2

Form 1125-A: Cost of Goods Sold
Other Costs Statement

Continuation Statement

Other Cost	Other Amount
Sales Tax Expense	402
Shipping	2,210
Total	36,549



2019 Form IL-1120

Corporation Income and Replacement Tax Return

See "When should I file?" in the Form IL-1120 instructions for a list of due dates.

If this return is not for calendar year 2019, enter your fiscal tax year here.

Tax year beginning month day 20 year, ending month day 20 year



This form is for tax years ending on or after December 31, 2019, and before December 31, 2020.
For all other situations, see instructions to determine the correct form to use.

Enter the amount you are paying.

\$ 0.

Step 1: Identify your corporation

- A** Enter your complete legal business name.
If you have a name change, check this box.

Name: RAE Lifts, Inc.



- B** Enter your mailing address.
Check this box if either of the following apply:

- this is your **first return**, or
- you have an **address change**.



C/O: _____

Mailing address: 245 West Roosevelt Road, Bldg. 11, Sui

City: West Chicago State: IL ZIP: 60185

- C** If this is the first or final return, check the applicable box(es).

☐ First return

☐ Final return (Enter the date of termination. mm dd yyyy)

- D** If this is a final return because you sold this business, enter the date sold (mm dd yyyy) _____, and the new owner's FEIN. _____

- E** Check the box and see the instructions if your business is a:

☐ Unitary Filer (Combined return) ☐ Foreign insurer

- F** If you completed the following, check the box and **attach** the federal form(s) to this return.

☐ Federal Form 8886

☐ Federal Schedule M-3,
Part II, Line 12

- G Apportionment Formulas.** Mark the appropriate box or boxes and see Apportionment Formula instructions.

☐ Sales companies

☐ Insurance companies

☐ Financial organizations

☐ Transportation companies

☐ Federally regulated exchanges

- H** Check this box if you attached Illinois Schedule UB. ☐



- I** Check this box if you attached the Subgroup Schedule. ☐



- J** Check this box if you attached Illinois Schedule 1299-D. ☐



- K** Check this box if you attached Form IL-4562. ☐



- L** Check this box if you attached Illinois Schedule M (for businesses). ☐



- M** Check this box if you attached Schedule 80/20. ☐



- N** Enter your federal employer identification number (FEIN).
- - - - -

- O** If you are a member of a group filing a federal consolidated return, enter the FEIN of the parent.
- - - - -

- P** Enter your North American Industry Classification System (NAICS) Code. See instructions.
- - - - -

- Q** Enter your corporate file (charter) number assigned to you by the Secretary of State.
- - - - -

- R** Enter the city, state, and zip code where your accounting records are kept. (Use the two-letter postal abbreviation, e.g., IL, GA, etc.)
West Chicago, IL 60185
City State ZIP

- S** If you are making the business income election to treat all nonbusiness income as business income, check this box and enter zero on Lines 24 and 32. ☐

- T** Check your method of accounting.

☒ Cash ☐ Accrual ☐ Other _____

- U** If you are making a discharge of indebtedness adjustment on Schedules NLD or UB/NLD, or Form IL-1120, Line 36, check this box and **attach** federal Form 982. ☐

- V** Check this box if you attached Schedule INL. ☐



- W** If you annualized your income on Form IL-2220, check this box and **attach** Form IL-2220. ☐



- X** Check this box if your business activity is protected under Public Law 86-272. ☐



- Y** Check this box if you are a 52/53 week filer. ☐



Attach your payment and Form IL-1120-V here.

- ☒ If you owe tax on Line 67, complete a payment voucher, Form IL-1120-V. Write your FEIN, tax year ending, and "IL-1120-V" on your check or money order and make it payable to "Illinois Department of Revenue." Attach your voucher and payment here.

- ☒ Refer to the 2019 IL-1120 Instructions for the address to mail your return.

Step 2: Figure your income or loss

(Whole dollars only)

1	Federal taxable income from U.S. Form 1120, Line 30. Attach a copy of your federal return.	1	0.00
2	Net operating loss deduction from U.S. Form 1120, Line 29a. This amount cannot be negative.	2	3,090.00
3	State, municipal, and other interest income excluded from Line 1.	3	.00
4	Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	4	.00
5	Illinois Special Depreciation addition. Attach Form IL-4562.	5	.00
6	Related-Party Expenses additions. Attach Schedule 80/20.	6	.00
7	Distributive share of additions. Attach Schedule(s) K-1-P or K-1-T.	7	.00
8	Other additions. Attach Schedule M (for businesses).	8	.00
9	Add Lines 1 through 8. This amount is your income or loss.	9	3,090.00

Step 3: Figure your base income or loss

10	Interest income from U.S. Treasury and other exempt federal obligations.	10	.00
11	River Edge Redevelopment Zone Dividend subtraction. Attach Schedule 1299-B.	11	.00
12	River Edge Redevelopment Zone Interest subtraction. Attach Schedule 1299-B.	12	.00
13	High Impact Business Dividend subtraction. Attach Schedule 1299-B.	13	.00
14	High Impact Business Interest subtraction. Attach Schedule 1299-B.	14	.00
15	Contribution subtraction. Attach Schedule 1299-B.	15	.00
16	Contributions to certain job training projects. See instructions.	16	.00
17	Foreign Dividend subtraction. Attach Schedule J. See instructions.	17	.00
18	Illinois Special Depreciation subtraction. Attach Form IL-4562.	18	.00
19	Related-Party Expenses subtraction. Attach Schedule 80/20.	19	.00
20	Distributive share of subtractions. Attach Schedule(s) K-1-P or K-1-T.	20	.00
21	Other subtractions. Attach Schedule M (for businesses).	21	.00
22	Total subtractions. Add Lines 10 through 21.	22	.00
23	Base income or loss. Subtract Line 22 from Line 9.	23	3,090.00



A If the amount on Line 23 is derived inside Illinois only, check this box and enter the amount from Step 3, Line 23 on Step 5, Line 35. You may not complete Step 4. (You must leave Step 4, Lines 24 through 34 blank.) <input checked="" type="checkbox"/>	
Note If you are a unitary filer, do not check this box. Check the box on Line B and complete Step 4.	
B If any portion of the amount on Line 23 is derived outside Illinois, or you are a unitary filer, check this box and complete all lines of Step 4. (Do not leave Lines 28 through 30 blank.) See instructions. <input type="checkbox"/>	

Step 4: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

24	Nonbusiness income or loss. Attach Schedule NB.	24	.00
25	Business income or loss included in Line 23 from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	25	.00
26	Add Lines 24 and 25.	26	.00
27	Business income or loss. Subtract Line 26 from Line 23.	27	.00
28	Total sales everywhere. This amount cannot be negative.	28	
29	Total sales inside Illinois. This amount cannot be negative.	29	
30	Apportionment Factor. Divide Line 29 by Line 28. Round to six decimal places.	30	.
31	Business income or loss apportionable to Illinois. Multiply Line 27 by Line 30.	31	.00
32	Nonbusiness income or loss allocable to Illinois. Attach Schedule NB.	32	.00
33	Business income or loss apportionable to Illinois from non-unitary partnerships, partnerships included on a Schedule UB, S corporations, trusts, or estates. See instructions.	33	.00
34	Base income or loss allocable to Illinois. Add Lines 31 through 33.	34	.00

Step 5: Figure your net income

35	Base income or net loss from Step 3, Line 23, or Step 4, Line 34.	35	3,090.00
36	Discharge of indebtedness adjustment. Attach federal Form 982. See instructions.	36	0.00
37	Adjusted base income or net loss. Add Lines 35 and 36. See instructions.	37	3,090.00
38	Illinois net loss deduction. Attach Schedule NLD or UB/NLD. If Line 37 is zero or a negative amount, enter zero.	38	3,090.00
39	Net income. Subtract Line 38 from Line 37.	39	0.00

Step 6: Figure your replacement tax after credits

40	Replacement tax. Multiply Line 39 by 2.5% (.025).	40	0.00
41	Recapture of investment credits. Attach Schedule 4255.	41	.00
42	Replacement tax before credits. Add Lines 40 and 41.	42	0.00
43	Investment credits. Attach Form IL-477.	43	.00
44	Replacement tax after credits. Subtract Line 43 from Line 42. If the amount is negative, enter zero.	44	0.00

Step 7: Figure your income tax after credits

45	Income tax. Multiply Line 39 by 7.00% (.07)	45	0.00
46	Recapture of investment credits. Attach Schedule 4255.	46	.00
47	Income tax before credits. Add Lines 45 and 46.	47	0.00
48	Income tax credits. Attach Schedule 1299-D.	48	.00
49	Income tax after credits. Subtract Line 48 from Line 47. If the amount is negative, enter zero.	49	0.00

Step 8: Figure your refund or balance due

50	Replacement tax before reductions. Enter the amount from Line 44.	50	0.00
51	Foreign Insurer replacement tax reduction. Attach Schedule INS or UB/INS. See instructions.	51	.00
52	Subtract Line 51 from Line 50. This is your net replacement tax.	52	0.00
53	Income tax before reductions. Enter the amount from Line 49.	53	0.00
54	Foreign Insurer income tax reduction. Attach Schedule INS or UB/INS. See instructions.	54	.00
55	Subtract Line 54 from Line 53. This is your net income tax.	55	0.00
56	Compassionate Use of Medical Cannabis Program Act surcharge. See instructions.	56	.00
57	Sale of assets by gaming licensee surcharge. See instructions.	57	.00
58	Total net income and replacement taxes and surcharges. Add Lines 52, 55, 56, and 57.	58	0.00
59	Underpayment of estimated tax penalty from Form IL-2220. See instructions.	59	.00
60	Total taxes, surcharges, and penalty. Add Lines 58 and 59.	60	0.00
61	Payments. See instructions.		

a	Credits from previous overpayments.	61a	.00
b	Total payments made before the date this return is filed.	61b	.00
c	Pass-through withholding reported to you on Schedule(s) K-1-P or K-1-T. Attach Schedule(s) K-1-P or K-1-T.	61c	.00
d	Illinois gambling withholding. Attach Form(s) W-2G.	61d	.00

62	Total payments. Add Lines 61a through 61d.	62	.00
63	Overpayment. If Line 62 is greater than Line 60, subtract Line 60 from Line 62.	63	.00
64	Amount to be credited forward. See instructions.	64	.00
65	Refund. Subtract Line 64 from Line 63. This is the amount to be refunded.	65	.00

66 Complete to direct deposit your refund.

Routing Number	<input type="text"/>	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings
Account Number	<input type="text"/>	

67	Tax due. If Line 60 is greater than Line 62, subtract Line 62 from Line 60. This is the amount you owe.	67	0.00
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Step 9: Sign below - Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct and complete.

Sign Here	11 12 2020		President	(707) 837-1577	<input checked="" type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.
	Signature of authorized officer		Date (mm/dd/yyyy)	Title	
Paid Preparer Use Only	Geoff Schlender		02 10 2021	<input type="checkbox"/> Check if self-employed	Paid Preparer's PTIN
	Print/Type paid preparer's name		Paid preparer's signature	Date (mm/dd/yyyy)	
	Firm's name ▶ Lyday & Associates, Ltd.		Firm's FEIN ▶		
	Firm's address ▶ 3180 Theodore Street, Joliet, IL 60435		Firm's phone ▶ (815) 439-2500		

▶ Enter the amount of your payment on the top of page 1 in the space provided.



Illinois Department of Revenue

Page 29 of 48

2019 Schedule NLD**Illinois Net Loss Deduction**For Illinois net losses arising in tax years ending **on or after** December 31, 1986.

Attach to your Form IL-1120, IL-1120-ST, IL-1041, IL-1065, or corresponding amended return.

IL Attachment No. 6

RAE Lifts, Inc.

Enter your name as shown on your return.

Enter your federal employer identification number (FEIN).

Step 1: Figure your Illinois net loss deduction (NLD)

- **Read the instructions before completing this schedule.**
- "Carry year" is the year to which the loss is being carried.
- Enter all amounts as positive figures.

Remember: You may be required to attach supporting documentation to this schedule.

	A Loss year that expires first 1 2 / 2 0 1 8 Month Year	B Loss year ending ____ / ____ Month Year	C Loss year ending ____ / ____ Month Year
1 Enter your reported Illinois net loss. See instructions.	3,193		
2a Enter the carry year and the amount of Illinois net loss previously carried back or forward. See instructions. 2a ____ / ____ Note If you are reducing your loss due to discharge of indebtedness income, see instructions.	____ / ____ Month Year Loss carried	____ / ____ Month Year Loss carried	____ / ____ Month Year Loss carried
b ____ / ____ Month Year Loss carried	____ / ____ Month Year Loss carried	____ / ____ Month Year Loss carried	____ / ____ Month Year Loss carried
c ____ / ____ Month Year Loss carried	____ / ____ Month Year Loss carried	____ / ____ Month Year Loss carried	____ / ____ Month Year Loss carried
2d Add Lines 2a through 2c. This is your total amount of loss previously carried. 2d ____			
3 Subtract Line 2d from Line 1. This is your remaining Illinois net loss.	3,193		
4 Enter the Illinois base income for this carry year. See instructions.	3,090	0	0
5 Enter the lesser of Line 3 or Line 4. This is your Illinois net loss deduction (NLD).	3,090	0	0
6 Subtract Line 5 from Line 4. This is your remaining income after NLD.	0	0	0
7 Subtract Line 5 from Line 3. This is your remaining NLD for subsequent years.	103	0	0

3,090

Line 5 TotalEnter the total of Columns A, B, and C, Line 5 in this box.
See instructions.**Step 2: Identify the loss year company**

Complete this part only if the loss shown on Step 1, Line 1, originated from a company other than the one filing this return. Enter the FEIN of the company, the reason (e.g., merger) you are allowed to use that company's losses, and the date you acquired the loss.

A	B	C
8 FEIN: ____ - ____ Reason: ____ _____ Enter the date you acquired this loss: ____ / ____ / ____ Month Day Year	9 FEIN: ____ - ____ Reason: ____ _____ Enter the date you acquired this loss: ____ / ____ / ____ Month Day Year	10 FEIN: ____ - ____ Reason: ____ _____ Enter the date you acquired this loss: ____ / ____ / ____ Month Day Year

Form **1120**
Department of the Treasury
Internal Revenue Service**U.S. Corporation Income Tax Return**

For calendar year 2019 or tax year beginning _____, 2019, ending _____, 20 _____

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.**2019****A Check if:**

- 1a** Consolidated return (attach Form 851) ☐
- b** Life/nonlife consolidated return ☐
- 2** Personal holding co. (attach Sch. PH) ☐
- 3** Personal service corp. (see instructions) ☐
- 4** Schedule M-3 attached ☐

**TYPE
OR
PRINT**

Name

RAE Lifts, Inc.

Number, street, and room or suite no. If a P.O. box, see instructions.

245 West Roosevelt Road, Bldg. 11, Suite 77

City or town, state or province, country, and ZIP or foreign postal code

West Chicago

IL 60185

B Employer identification number**C Date incorporated**

01/01/2015

D Total assets (see instructions)

\$ 310,453

E Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☒ Name change (4) ☐ Address change

Income	1a Gross receipts or sales	1a	1,143,729	
	b Returns and allowances	1b	5,464	
	c Balance. Subtract line 1b from line 1a	1c		1,138,265
	2 Cost of goods sold (attach Form 1125-A)	2		499,403
	3 Gross profit. Subtract line 2 from line 1c	3		638,862
	4 Dividends and inclusions (Schedule C, line 23)	4		
	5 Interest	5		
	6 Gross rents	6		
	7 Gross royalties	7		
	8 Capital gain net income (attach Schedule D (Form 1120))	8		
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)	9		
10 Other income (see instructions—attach statement) Other Income Statement	10		59,492	
11 Total income. Add lines 3 through 10	11		698,354	
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (see instructions—attach Form 1125-E)	12		110,323
	13 Salaries and wages (less employment credits)	13		112,853
	14 Repairs and maintenance	14		21,674
	15 Bad debts	15		
	16 Rents	16		56,264
	17 Taxes and licenses	17		17,643
	18 Interest (see instructions)	18		28,755
	19 Charitable contributions	19		
	20 Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)	20		0
	21 Depletion	21		
	22 Advertising	22		18,231
	23 Pension, profit-sharing, etc., plans	23		101,812
	24 Employee benefit programs	24		
	25 Reserved for future use	25		
	26 Other deductions (attach statement) Other Deductions Statement	26		227,709
	27 Total deductions. Add lines 12 through 26	27		695,264
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11.	28		3,090
29a Net operating loss deduction (see instructions)	29a		3,090	
b Special deductions (Schedule C, line 24)	29b			
c Add lines 29a and 29b	29c		3,090	
Tax, Refundable Credits, and Payments	30 Taxable income. Subtract line 29c from line 28. See instructions	30		0
	31 Total tax (Schedule J, Part I, line 11)	31		0
	32 2019 net 965 tax liability paid (Schedule J, Part II, line 12)	32		
	33 Total payments, credits, and section 965 net tax liability (Schedule J, Part III, line 23)	33		0
	34 Estimated tax penalty. See instructions. Check if Form 2220 is attached <input type="checkbox"/>	34		
	35 Amount owed. If line 33 is smaller than the total of lines 31, 32, and 34, enter amount owed	35		
	36 Overpayment. If line 33 is larger than the total of lines 31, 32, and 34, enter amount overpaid	36		0
37 Enter amount from line 36 you want: Credited to 2020 estimated tax ▶ Refunded ▶	37			

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

President

Title

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name

Geoff Schlender

Preparer's signature

Date

02/10/2021

Check ☐ if self-employed

PTIN

Firm's name ▶ Lyday & Associates, Ltd.

Firm's EIN ▶

Firm's address ▶ 3180 Theodore Street Joliet IL 60435

Phone no. (815) 439-2500

For Paperwork Reduction Act Notice, see separate instructions. REV 06/30/20 PRO

Form **1120** (2019)

Schedule C Dividends, Inclusions, and Special Deductions (see instructions)		(a) Dividends and inclusions	(b) %	(c) Special deductions (a) × (b)
1	Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		50	
2	Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		65	
3	Dividends on certain debt-financed stock of domestic and foreign corporations . .		see instructions	
4	Dividends on certain preferred stock of less-than-20%-owned public utilities . . .		23.3	
5	Dividends on certain preferred stock of 20%-or-more-owned public utilities		26.7	
6	Dividends from less-than-20%-owned foreign corporations and certain FSCs		50	
7	Dividends from 20%-or-more-owned foreign corporations and certain FSCs		65	
8	Dividends from wholly owned foreign subsidiaries		100	
9	Subtotal. Add lines 1 through 8. See instructions for limitations		see instructions	
10	Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11	Dividends from affiliated group members		100	
12	Dividends from certain FSCs		100	
13	Foreign-source portion of dividends received from a specified 10%-owned foreign corporation (excluding hybrid dividends) (see instructions)		100	
14	Dividends from foreign corporations not included on line 3, 6, 7, 8, 11, 12, or 13 (including any hybrid dividends)			
15	Section 965(a) inclusion		see instructions	
16a	Subpart F inclusions derived from the sale by a controlled foreign corporation (CFC) of the stock of a lower-tier foreign corporation treated as a dividend (attach Form(s) 5471) (see instructions)		100	
b	Subpart F inclusions derived from hybrid dividends of tiered corporations (attach Form(s) 5471) (see instructions)			
c	Other inclusions from CFCs under subpart F not included on line 15, 16a, 16b, or 17 (attach Form(s) 5471) (see instructions).			
17	Global Intangible Low-Taxed Income (GILTI) (attach Form(s) 5471 and Form 8992) . .			
18	Gross-up for foreign taxes deemed paid			
19	IC-DISC and former DISC dividends not included on line 1, 2, or 3			
20	Other dividends			
21	Deduction for dividends paid on certain preferred stock of public utilities			
22	Section 250 deduction (attach Form 8993)			
23	Total dividends and inclusions. Add column (a), lines 9 through 20. Enter here and on page 1, line 4			
24	Total special deductions. Add column (c), lines 9 through 22. Enter here and on page 1, line 29b			

Schedule J Tax Computation and Payment (see instructions)**Part I—Tax Computation**

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120)). See instructions ► <input type="checkbox"/>		
2	Income tax. See instructions	2	0
3	Base erosion minimum tax amount (attach Form 8991)	3	
4	Add lines 2 and 3	4	0
5a	Foreign tax credit (attach Form 1118)	5a	
b	Credit from Form 8834 (see instructions)	5b	
c	General business credit (attach Form 3800)	5c	
d	Credit for prior year minimum tax (attach Form 8827)	5d	
e	Bond credits from Form 8912	5e	
6	Total credits. Add lines 5a through 5e	6	
7	Subtract line 6 from line 4	7	0
8	Personal holding company tax (attach Schedule PH (Form 1120))	8	
9a	Recapture of investment credit (attach Form 4255)	9a	
b	Recapture of low-income housing credit (attach Form 8611)	9b	
c	Interest due under the look-back method—completed long-term contracts (attach Form 8697)	9c	
d	Interest due under the look-back method—income forecast method (attach Form 8866)	9d	
e	Alternative tax on qualifying shipping activities (attach Form 8902)	9e	
f	Other (see instructions—attach statement)	9f	
10	Total. Add lines 9a through 9f	10	
11	Total tax. Add lines 7, 8, and 10. Enter here and on page 1, line 31	11	0

Part II—Section 965 Payments (see instructions)

12	2019 net 965 tax liability paid from Form 965-B, Part II, column (k), line 3. Enter here and on page 1, line 32	12	
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Part III—Payments, Refundable Credits, and Section 965 Net Tax Liability

13	2018 overpayment credited to 2019	13	
14	2019 estimated tax payments	14	
15	2019 refund applied for on Form 4466	15	()
16	Combine lines 13, 14, and 15	16	
17	Tax deposited with Form 7004	17	0
18	Withholding (see instructions)	18	
19	Total payments. Add lines 16, 17, and 18	19	0
20	Refundable credits from:		
a	Form 2439	20a	
b	Form 4136	20b	
c	Form 8827, line 5c	20c	
d	Other (attach statement—see instructions)	20d	
21	Total credits. Add lines 20a through 20d	21	
22	2019 net 965 tax liability from Form 965-B, Part I, column (d), line 3. See instructions	22	
23	Total payments, credits, and section 965 net tax liability. Add lines 19, 21, and 22. Enter here and on page 1, line 33	23	0

Schedule K Other Information (see instructions)

1	Check accounting method: a <input checked="" type="checkbox"/> Cash b <input type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶ _____	Yes	No
2	See the instructions and enter the:		
a	Business activity code no. ▶ XXXXXXXXXX		
b	Business activity ▶ <u>Sales</u>		
c	Product or service ▶ <u>Medical Lifts</u>		
3	Is the corporation a subsidiary in an affiliated group or a parent–subsidiary controlled group? If “Yes,” enter name and EIN of the parent corporation ▶ _____		X
4	At the end of the tax year:		
a	Did any foreign or domestic corporation, partnership (including any entity treated as a partnership), trust, or tax-exempt organization own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation’s stock entitled to vote? If “Yes,” complete Part I of Schedule G (Form 1120) (attach Schedule G)		X
b	Did any individual or estate own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of the corporation’s stock entitled to vote? If “Yes,” complete Part II of Schedule G (Form 1120) (attach Schedule G)		X
5	At the end of the tax year, did the corporation:		
a	Own directly 20% or more, or own, directly or indirectly, 50% or more of the total voting power of all classes of stock entitled to vote of any foreign or domestic corporation not included on Form 851 , Affiliations Schedule? For rules of constructive ownership, see instructions. If “Yes,” complete (i) through (iv) below.		X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage Owned in Voting Stock

b Own directly an interest of 20% or more, or own, directly or indirectly, an interest of 50% or more in any foreign or domestic partnership (including an entity treated as a partnership) or in the beneficial interest of a trust? For rules of constructive ownership, see instructions. If “Yes,” complete (i) through (iv) below.		X
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(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Country of Organization	(iv) Maximum Percentage Owned in Profit, Loss, or Capital

6 During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation’s current and accumulated earnings and profits? See sections 301 and 316 If “Yes,” file Form 5452 , Corporate Report of Nondividend Distributions. See the instructions for Form 5452. If this is a consolidated return, answer here for the parent corporation and on Form 851 for each subsidiary.		X
7 At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of the total voting power of all classes of the corporation’s stock entitled to vote or at least 25% of the total value of all classes of the corporation’s stock? For rules of attribution, see section 318. If “Yes,” enter: (a) Percentage owned ▶ _____ and (b) Owner’s country ▶ _____ (c) The corporation may have to file Form 5472 , Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter the number of Forms 5472 attached ▶ _____		X
8 Check this box if the corporation issued publicly offered debt instruments with original issue discount ▶ <input type="checkbox"/> If checked, the corporation may have to file Form 8281 , Information Return for Publicly Offered Original Issue Discount Instruments.		
9 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ _____		
10 Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶ _____		
11 If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here (see instructions) ▶ <input type="checkbox"/> If the corporation is filing a consolidated return, the statement required by Regulations section 1.1502-21(b)(3) must be attached or the election will not be valid.		
12 Enter the available NOL carryover from prior tax years (do not reduce it by any deduction reported on page 1, line 29a.) ▶ \$ _____		3,193.

Schedule K **Other Information** (continued from page 4)

	Yes	No
13 Are the corporation's total receipts (page 1, line 1a, plus lines 4 through 10) for the tax year and its total assets at the end of the tax year less than \$250,000?		X
If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year ► \$ _____		
14 Is the corporation required to file Schedule UTP (Form 1120), Uncertain Tax Position Statement? See instructions		X
If "Yes," complete and attach Schedule UTP.		
15a Did the corporation make any payments in 2019 that would require it to file Form(s) 1099?	X	
b If "Yes," did or will the corporation file required Form(s) 1099?	X	
16 During this tax year, did the corporation have an 80%-or-more change in ownership, including a change due to redemption of its own stock?	X	
17 During or subsequent to this tax year, but before the filing of this return, did the corporation dispose of more than 65% (by value) of its assets in a taxable, non-taxable, or tax deferred transaction?		X
18 Did the corporation receive assets in a section 351 transfer in which any of the transferred assets had a fair market basis or fair market value of more than \$1 million?		X
19 During the corporation's tax year, did the corporation make any payments that would require it to file Forms 1042 and 1042-S under chapter 3 (sections 1441 through 1464) or chapter 4 (sections 1471 through 1474) of the Code?		X
20 Is the corporation operating on a cooperative basis?		X
21 During the tax year, did the corporation pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions		X
If "Yes," enter the total amount of the disallowed deductions ► \$ _____		
22 Does the corporation have gross receipts of at least \$500 million in any of the 3 preceding tax years? (See sections 59A(e)(2) and (3))		X
If "Yes," complete and attach Form 8991.		
23 Did the corporation have an election under section 163(j) for any real property trade or business or any farming business in effect during the tax year? See instructions		X
24 Does the corporation satisfy one or more of the following? See instructions		X
a The corporation owns a pass-through entity with current, or prior year carryover, excess business interest expense.		
b The corporation's aggregate average annual gross receipts (determined under section 448(c)) for the 3 tax years preceding the current tax year are more than \$26 million and the corporation has business interest expense.		
c The corporation is a tax shelter and the corporation has business interest expense.		
If "Yes," to any, complete and attach Form 8990.		
25 Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund?		X
If "Yes," enter amount from Form 8996, line 14 ► \$ _____		

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		12,561.		112,028.
2a	Trade notes and accounts receivable	153,416.		198,425.	
b	Less allowance for bad debts	()	153,416.	()	198,425.
3	Inventories		0.		0.
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach statement)				
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach statement)				
10a	Buildings and other depreciable assets				
b	Less accumulated depreciation	()		()	
11a	Depletable assets				
b	Less accumulated depletion	()		()	
12	Land (net of any amortization)				
13a	Intangible assets (amortizable only)				
b	Less accumulated amortization	()		()	
14	Other assets (attach statement)				
15	Total assets		165,977.		310,453.
Liabilities and Shareholders' Equity					
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year		132,469.		138,618.
18	Other current liabilities (attach statement)				
19	Loans from shareholders		35,023.		170,260.
20	Mortgages, notes, bonds payable in 1 year or more				
21	Other liabilities (attach statement)				
22	Capital stock: a Preferred stock				
	b Common stock				
23	Additional paid-in capital				
24	Retained earnings—Appropriated (attach statement)				
25	Retained earnings—Unappropriated		-1,515.		1,575.
26	Adjustments to shareholders' equity (attach statement)				
27	Less cost of treasury stock		()		()
28	Total liabilities and shareholders' equity		165,977.		310,453.

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return**Note:** The corporation may be required to file Schedule M-3. See instructions.

1	Net income (loss) per books	3,090.	7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books			Tax-exempt interest \$ _____	
3	Excess of capital losses over capital gains			_____	
4	Income subject to tax not recorded on books this year (itemize): _____		8	Deductions on this return not charged against book income this year (itemize):	
5	Expenses recorded on books this year not deducted on this return (itemize):			a Depreciation . . . \$ _____	
a	Depreciation \$ _____			b Charitable contributions \$ _____	
b	Charitable contributions . . . \$ _____			_____	
c	Travel and entertainment . . . \$ _____		9	Add lines 7 and 8	
6	Add lines 1 through 5	3,090.	10	Income (page 1, line 28)—line 6 less line 9	3,090.

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	-1,515.	5	Distributions: a Cash	
2	Net income (loss) per books	3,090.		b Stock	
3	Other increases (itemize): _____			c Property	
	_____		6	Other decreases (itemize): _____	
	_____		7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	1,575.	8	Balance at end of year (line 4 less line 7)	1,575.

RAE Lifts, Inc.

1

Additional information from your 2019 Federal Corporation Tax Return**Form 1120: US Corporation Income Tax Return****Other Income****Continuation Statement**

Description	Amount
Other Income	59,492
Total	59,492

Form 1120: US Corporation Income Tax Return**Other Deductions****Continuation Statement**

Description	Amount
Accounting	6,350
Automobile and truck expense	41,501
Bank charges	2,565
Cleaning	5,190
Computer services and supplies	4,093
Dues and subscriptions	2,598
Gifts	100
Insurance	41,517
Legal and professional	72,488
Office expense	13,938
Permits and fees	3,551
Security	1,603
Telephone	7,839
Utilities	11,618
Other Promotional Expense	11,167
Scavenger	1,591
Total	227,709

SMART WORKSHEET FOR: Form 1120: US Corporation Income Tax Return**Line 17C****Itemization Statement**

Description	Amount
FICA	17,073.
FUTA	263.
SUTA	307.
Total	17,643.

Fill in this information to identify the case:

Debtor name Maple Management, LLC d/b/a RAE Elevators & Lifts and d/b/a RAE Elevators, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 17, 2021

X /s/ James Mecha

Signature of individual signing on behalf of debtor

James Mecha

Printed name

Manager

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Maple Management, LLC d/b/a RAE Elevators & Lifts and d/b/a RAE Elevators, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Greenwich Capital Management L.P. 108 Greenwich Street, 5th floor New York, NY 10006		Blanket Lien on all personal property	Disputed	\$125,578.60	Unknown	Unknown
Savaria USA 30 Main Street Burlington, VT 05401			Disputed			\$31,270.00
SBA PO Box 156089 Fort Worth, TX 76155		Disaster Relief				\$150,000.00
SBA c/o First Midwest Bank 8750 W. Bryn Mawr Ave., Suite 1300 Chicago, IL 60631-3635		PPP Loan				\$32,685.00
Trustees of the National Elevator Industry Pension and Benefits Fund Joseph Berglund, 1010 Jorie Blvd. Oak Brook, IL 60523-2229			Disputed			\$222,619.58

Fill in this information to identify the case:

Debtor name **Maple Management, LLC d/b/a RAE Elevators & Lifts and d/b/a RAE Elevators, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1	Greenwich Capital Management L.P. <small>Creditor's Name</small> 108 Greenwich Street, 5th floor New York, NY 10006 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Blanket Lien on all personal property Describe the lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$125,578.60 Unknown

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$125,578.60**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
Diane M. Gipstein Gipstein Law PLLC 360 Hamilton Avenue, Suite 615 White Plains, NY 10601	Line 2.1	

Fill in this information to identify the case:

Debtor name **Maple Management, LLC d/b/a RAE Elevators & Lifts and d/b/a RAE Elevators, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with **PRIORITY** unsecured claims and Part 2 for creditors with **NONPRIORITY** unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☒ No. Go to Part 2.
- ☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address Savaria USA 30 Main Street Burlington, VT 05401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,270.00
3.2	Nonpriority creditor's name and mailing address SBA PO Box 156089 Fort Worth, TX 76155 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Disaster Relief Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150,000.00
3.3	Nonpriority creditor's name and mailing address SBA c/o First Midwest Bank 8750 W. Bryn Mawr Ave., Suite 1300 Chicago, IL 60631-3635 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PPP Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,685.00
3.4	Nonpriority creditor's name and mailing address Trustees of the National Elevator Industry Pension and Benefits Fund c/o Joseph Berglund, 1010 Jorie Blvd. Oak Brook, IL 60523-2229 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$222,619.58

Part 3: List Others to Be Notified About Unsecured Claims

Debtor **Maple Management, LLC d/b/a RAE Elevators & Lifts
and d/b/a RAE Elevators, Inc.**
Name

Case number (if known) _____

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Joseph P. Berglund, Esq. Law Offices Of Joseph P. Berglund, 1010 Jorie Blvd., Suite 370 Oak Brook, IL 60523-2229	Line <u>3.4</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>0.00</u>
5b. +	\$ <u>436,574.58</u>
5c.	\$ <u>436,574.58</u>

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court
Northern District of Illinois**

In re **Maple Management, LLC d/b/a RAE Elevators & Lifts and d/b/a RAE Elevators, Inc.**

Debtor(s)

Case No.

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	15,000.00
Prior to the filing of this statement I have received	\$	15,000.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 17, 2021

Date

/s/ Ariel Weissberg

Ariel Weissberg 03125591

Signature of Attorney

Weissberg and Associates, Ltd.

401 S. LaSalle St.

Suite 403

Chicago, IL 60605

312-663-0004 Fax: 312-663-1514

ariel@weissberglaw.com

Name of law firm

WEISSBERG AND ASSOCIATES, LTD.

564 W. Randolph St.
Second Floor
Chicago, Illinois 60661

Telephone: 312/663-0004
Facsimile: 312/663-1514
E-Mail:
ariel@weissberglaw.com

February 10, 2021

Maple Management, LLC
Mr. James Mecha
245 W. Roosevelt Road
West Chicago, IL 60185

By Email: jimmecha@aol.com
By Email: maplemanagement@yahoo.com

Attention: Mr. James Mecha

Re: *In Re: Maple Management, LLC*
Chapter 11 (Sub-Chapter V)

Dear Mr. Mecha:

We are pleased that you have requested this law firm to represent Maple Management, LLC ("Maple") in connection with the above-captioned matter. Lawyers are required, under the Rules of Professional Conduct, to communicate in writing the basis or rate of their fee when beginning the representation of a client. This letter sets forth the terms concerning our representation of Maple.

Maple agrees to pay our firm an advanced payment fee in the amount of \$15,000.00 (the "Advanced Payment Retainer"), plus a \$1,738 Bankruptcy Court filing fee from which we will credit against our legal services as rendered and advance against any reimbursable costs and expenses, which amount is paid to us for the purpose of establishing our attorney-client relationship.

We will bill Maple based on an hourly basis--to be applied against the Advanced Payment Retainer. Our billing is based on the following rates for the attorneys of Weissberg and Associates:

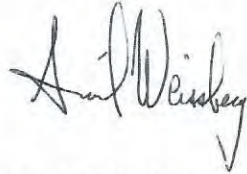
Ariel Weissberg:	\$450.00 per hour
Rakesh Khanna	\$375.00 per hour
Christopher V. Langone:	\$400.00 per hour
Paralegal:	\$150.00 per hour

Maple Management, LLC
February 10, 2021
Page 2

Maple shall also be responsible for the payment of all cost charges such as filings with courts and government agencies, photocopying, express courier services, messenger services, computerized legal research, travel, and other expenses and charges which are incurred by our firm in Maple's representation.

Please date and countersign this letter and return it to me with a check in the amount of the Advanced Payment Retainer and filing fee (\$16,738.00) so that we will have a written mutual memorandum of our understanding. Please retain the signed copy of the letter for your file.

Yours truly,



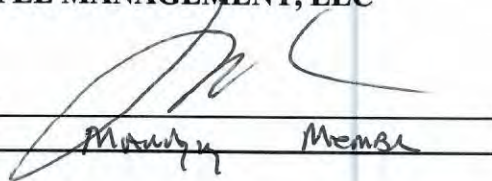
Ariel Weissberg

ACCEPTED this ____ day of February, 2021

MAPLE MANAGEMENT, LLC

By: _____

Its: _____



Member

**United States Bankruptcy Court
Northern District of Illinois**

In re **Maple Management, LLC d/b/a RAE Elevators & Lifts and d/b/a RAE Elevators, Inc.**

Debtor(s)

Case No.

Chapter **11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
------------------------------------------------------------	----------------	----------------------	------------------

James Mecha

100% membership interest

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Manager** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **February 17, 2021**

Signature **/s/ James Mecha**
James Mecha

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Northern District of Illinois**

In re Maple Management, LLC d/b/a RAE Elevators & Lifts and d/b/a RAE Elevators, Inc. Debtor(s) Case No. _____ Chapter 11

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 5

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: February 17, 2021

/s/ James Mecha
James Mecha/Manager
Signer/Title

Greenwich Capital Management L.P.
c/o Diane M. Gipstein, Esq.
Gipstein Law PLLC
360 Hamilton Avenue, Suite 615
White Plains, NY 10601

Greenwich Capital Management L.P.
108 Greenwich Street, 5th floor
New York, NY 10006

Trustees of the National Elevator
Industry Pension and Benefits Fund
c/o Joseph P. Berglund, Esq.
Law Offices Of Joseph P. Berglund
1010 Jorie Blvd., Suite 370
Oak Brook, IL 60523-2229

Savaria USA
30 Main Street
Burlington, VT 05401

SBA
PO Box 156089
Fort Worth, TX 76155

SBA
c/o First Midwest Bank
8750 W. Bryn Mawr Ave., Suite 1300
Chicago, IL 60631-3635

**United States Bankruptcy Court
Northern District of Illinois**

In re Maple Management, LLC d/b/a RAE Elevators & Lifts and d/b/a RAE Elevators, Inc.

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Maple Management, LLC d/b/a RAE Elevators & Lifts and d/b/a RAE Elevators, Inc. in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

February 17, 2021

Date

/s/ Ariel Weissberg

Ariel Weissberg 03125591

Signature of Attorney or Litigant

Counsel for Maple Management, LLC d/b/a RAE Elevators & Lifts and d/b/a RAE Elevators, Inc.

Weissberg and Associates, Ltd.

401 S. LaSalle St.

Suite 403

Chicago, IL 60605

312-663-0004 Fax:312-663-1514

ariel@weissberglaw.com